

TRANSMITTAL FORM (to be used for all correspondence after initial filing)		Application Number	10/658,172		
		Filing Date	September 8, 2003		
		First Named Inventor	Panpaliya et al		
		Art Unit	2618		
		Examiner Name	Raymond S. Dean		
		Total Number of Pages in this Submission	15		
		Attorney Docket Number	CM05887J		
ENCLOSURES (check all that apply)					
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/Declaration(s) <input checked="" type="checkbox"/> Extension of time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Documents <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts Under 37 CFR 1.52 or 1.53		<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawings <input type="checkbox"/> Licensing-Related papers <input type="checkbox"/> Petition to Revive <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CDs		<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter with appropriate copies <input type="checkbox"/> Other Enclosure(s) (please identify below) <hr/> <hr/> <hr/>	
Remarks					
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT					
Firm or Individual	Barbara R. Doutre		Registration No.	39,505	
Signature	/Barbara R. Doutre/				
Date	January 18, 2007				
CERTIFICATE OF TRANSMITTAL/MAILING					
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